

Approved For Release 2000/08/23 : CIA-RDP79-00434A000200010046-8  
REQUISITION FOR SUPPLIES, EQUIPMENT, OR SERVICE

FOR SERVICES USE ONLY

APPROVED BY

NOTE: See Instructions on reverse side.

DELIVER TO

Page of Pages

THIS DATE

I certify that the items indicated hereon are required for use in the public service.

25X1A9a

OFFICE

ACCOUNT NO.

CHARGE ALLOTMENT NO.

(SIGNATURE OF ACCOUNTABLE OR RESPONSIBLE OFFICER)

(SIGNATURE OF APPROVING OFFICIAL)

RECEIPT (To be completed after delivery of items or service.)

I certify that the quantities of items and/or services itemized below have been received in serviceable condition except as otherwise noted.

(DATE)

(SIGNATURE OF RECIPIENT)

ITEM NO.	STOCK NO.	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT
1.		Adrenalin Chloride 1:1000 Solution 1 oz.	4	bot.		
2.		Aureomycin Capsules 16 per bottle	35	bot.		
3.		Bath Soap (Cake)	200	ea.		
4.		Belladonna, Tincture of Ft.	1	ea.		
5.		Compound Cathartic Pills 1000 per bot.	1	ea.		
6.		Carmaine Solution 49 ea.	1	bot.		
7.		Ether, $\frac{1}{2}$ lb. can	12	can		
8.		I.V. Saline (1000 ea. bottle)	20	ea.		
9.		Morphine Syretics $\frac{1}{2}$ gr.	50	ea.		
10.		Penicillin Suspension, 300,000 units, Disposable Syringe	100	ea.		
11.		Pentothal Sodium 0.5 Gm. Amp. (Pkg. of 25) and 25 -20 ea. Amp. of water for injection	1	Pkg.		
12.		Spiritus Frumenti (Seagram T.O.) Fifths	14	ea.		
13.		Irradiate Human Plasma, Dried (A5-1-67-104) 25	ea.			
14.		Sulfathiazole 5% with Metronidazole eye ointment 10 tube				

FOR SERVICES USE ONLY

REQUISITION NO.

REQUISITION DATE

OFFICE

REQUISITIONED BY

TOTAL

FILLED BY

CHECKED BY

DEL. BY

SHIPPED BY

☐ FREIGHT

☐ MAIL

GOVERNMENT B/L NO.

☐ EXPRESS

☐ PARCEL POST

SERVICES AUDIT

DATE

BY

# INSTRUCTIONS

Complete this form with typewriter only. The number of copies required and the addressees for various types of requisitions are contained in Administrative Instruction No. 40-1.

FOR SERVICES USE ONLY

REMARKS:

ITEM NO.	PROGRESS			STOCK	VENDOR	PROC. DOC. NO.	DUE DATE	FOLLOW-UP						DATE RECEIVED
	1	2	3					1	2	3	4	5	6	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														

Approved For Release 2000/08/23 : CIA-RDP79-00434A000200010046-8

Approved For Release 2000/08/23 : CIA-RDP79-00434A000200010046-8

REQUISITION FOR SUPPLIES, EQUIPMENT, OR SERVICE

FOR SERVICES USE ONLY

REQUISITION NO.

APPROVED BY

NOTE: See Instructions on reverse side.

DELIVER TO

Page of Pages

THIS DATE

I certify that the items indicated hereon are required for use in the public service.

25X1A9a

OFFICE

National Division

ACCOUNT NO.

CHARGE ALLOTMENT NO.

RESPONSIBLE OFFICER

(SIGNATURE OF APPROVING OFFICIAL)

123

RECEIPT (To be completed after delivery of items or service.)

I certify that the quantities of items and/or services itemized below have been received in serviceable condition except as otherwise noted.

(DATE)

(SIGNATURE OF RECIPIENT)

ITEM NO.	STOCK NO.	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT
15.		Bandage, Elastic, 3"x 5' yds.	10	ea.		
16.		Batteries, Flashlight, No. 2 Cell	18	ea.		
17.		Absorbent Cotton, 1 lb.	4	ea.		
18.		Blankets, Wool, (White)	48	ea.		
19.		Bulbs, Flashlight, Screw, 2.5v	18	ea.		
20.		Cups, Eye	2	ea.		
21.		Medicine Droppers	6	ea.		
22.		Needle Set (Fountain Syringe)	1	ea.		
23.		Glass, Drinking Pos.	18	ea.		
24.		Glass, Medicine	6	ea.		
25.		Pillows, Bed	12	ea.		
26.		Plaster, Adhesive, Waterproof, 2"x5yd	30	ea.		
27.		Splint, Size 3-3/4"x 30" Unit No. 116 (Medical Supply Co., Rockford, Ill.)	20	ea.		
28.		Tonguepress	12	ea.		
29.		Tongue Blades	100	ea.		

FOR SERVICES USE ONLY

REQUISITION NO. REQUISITION DATE OFFICE REQUISITIONED BY

TOTAL

SHIPPED BY

SERVICES AUDIT

FILLED BY CHECKED BY DEL. BY

☐ FREIGHT ☐ MAIL  
☐ EXPRESS ☐ PARCEL POST

GOVERNMENT B/L NO.

DATE BY

## INSTRUCTIONS

Complete this form with typewriter only. The number of copies required and the addressees for various types of requisitions are contained in Administrative Instruction No. 40-1.

## FOR SERVICES USE ONLY

## REMARKS:

ITEM NO.	PROGRESS			STOCK	VENDOR	PROC. DOC. NO.	DUE DATE	FOLLOW-UP						DATE RECEIVED
	1	2	3					1	2	3	4	5	6	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														

Approved For Release 2000/08/23 : CIA-RDP79-00424A000200010046-8  
**REQUISITION FOR SUPPLIES, EQUIPMENT, OR SERVICE**

FOR SERVICES USE ONLY

APPROVED BY

NOTE: See Instructions on reverse side.

DELIVER TO

Page of Pages

THIS DATE

I certify that the items indicated hereon are required for use in the public service.

25X1A9a

OFFICE

ACCOUNT NO. **National Division** ALLOTMENT NO.

RESPONSIBLE OFFICER

(SIGNATURE OF APPROVING OFFICIAL)

120

RECEIPT (To be completed after delivery of items or service.)

I certify that the quantities of items and/or services itemized below have been received in serviceable condition except as otherwise noted.

(DATE)

(SIGNATURE OF RECIPIENT)

ITEM NO.	STOCK NO.	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT
30.		Towels, Hand	60	ea.		
31.		Towels, Bath	420	ea.		
32.		Basin, Ensis	4	ea.		
33.		Basin, Hand 12 1/2" x 14"	8	ea.		
34.		Container, with lid, quart, metal w/e	6	ea.		
35.		Cots, folding, wood-canvas	12	ea.		
36.		Flashlight, metal	9	ea.		
37.		Yankauer Inhaler, Anaesthesia	4	ea.		
38.		Fan, Instrument, Small 3 1/2" x 1 1/2" x 1 1/2"	4	ea.		
39.		Sphygmomanometer, Aneroid	4	ea.		
40.		Stethoscope, (Ford)	4	ea.		
41.		Litters, (Stretchers)	6	ea.		
42.		Surgical Instruments, Operating Field Small (AN 9-380-200)	1	ea.		
43.		Surgical Linen and Supply Kit (Navy) Field Medical Kit, Unit No. 24(AN 9-390-225)	2	ea.		

FOR SERVICES USE ONLY

REQUISITION NO.

REQUISITION DATE

OFFICE

REQUISITIONED BY

TOTAL

FILLED BY

CHECKED BY

DEL. BY

SHIPPED BY

☐ FREIGHT ☐ MAIL

☐ EXPRESS ☐ PARCEL POST

GOVERNMENT B/L NO.

SERVICES AUDIT

DATE

BY

# INSTRUCTIONS

Complete this form with typewriter only. The number of copies required and the addressees for various types of requisitions are contained in Administrative Instruction No. 40-1.

## FOR SERVICES USE ONLY

REMARKS:

ITEM NO.	PROGRESS			STOCK	VENDOR	PROC. DOC. NO.	DUE DATE	FOLLOW-UP						DATE RECEIVED
	1	2	3					1	2	3	4	5	6	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														

Approved For Release 2000/08/23 : CIA-RDP79-00434A000200010046-8

REQUISITION FOR SUPPLIES, EQUIPMENT, OR SERVICE

FOR SERVICES USE ONLY

REQUISITION NO.

APPROVED BY

NOTE: See Instructions on reverse side.

DELIVER TO

Page of Pages

THIS DATE

I certify that the items indicated hereon are required for use in the public service.

25X1A9a

OFFICE

ACCOUNT NO.

CHARGE ALLOTMENT NO.

(SIGNATURE OF REQUESTING OFFICER)

(SIGNATURE OF APPROVING OFFICIAL)

120

RECEIPT (To be completed after delivery of items or service.)

I certify that the quantities of items and/or services itemized below have been received in serviceable condition except as otherwise noted.

(DATE)

(SIGNATURE OF RECIPIENT)

ITEM NO.	STOCK NO.	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT
44.		Table Operating, folding, M2, (AN 7-098-176)	2	ea.		
45.		Tray, Instrument 7 1/2" x 12" x 2"	2	ea.		
46.		Table, Instrument (Also S5 P 6310)	1	ea.		
47.		Sterilizer, Electric, Castle, C-416	1	ea.		
48.		Oxygen Tank and Mask (A.S. Aloe, portable, Puritan Pressure reducing regulator, tank fittings, 220 Cu.ft. tank or cylinder	2	ea.		
49.		Intravenous Set, Sterile (AN 3-426-800) (For I.V. Saline)	2	ea.		
50.		Bag, Physician, Empty, Leather, Boston Type (AN 3-088-200)	2	ea.		
51.		Blood Bank Set, Indirect Blood Transfusion M2, (AN 3-103-400)	1	ea.		
52.		Blood Donor Set, Indirect Blood Transfusion, M2 (AN 3-103560)	12	ea.		
53.		Blood Recipient Set, Indirect Blood Transfusion M2 (AN 3-103-610)	12	ea.		

FOR SERVICES USE ONLY

REQUISITION NO.

REQUISITION DATE

OFFICE

REQUISITIONED BY

TOTAL

FILLED BY

CHECKED BY

DEL. BY

SHIPPED BY

☐ FREIGHT

☐ MAIL

GOVERNMENT B/L NO.

☐ EXPRESS

☐ PARCEL POST

SERVICES AUDIT

DATE

BY

# INSTRUCTIONS

Complete this form with typewriter only. The number of copies required and the addressees for various types of requisitions are contained in Administrative Instruction No. 40-1.

## FOR SERVICES USE ONLY

### REMARKS:

ITEM NO.	PROGRESS			STOCK	VENDOR	PROC. DOC. NO.	DUE DATE	FOLLOW-UP						DATE RECEIVED
	1	2	3					1	2	3	4	5	6	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														



Approved For Release 2000/08/23 : CIA-RDP79-00424A000200010046-8  
REQUISITION FOR SUPPLIES, EQUIPMENT, OR SERVICE

FOR SERVICES USE ONLY

APPROVED BY

NOTE: See Instructions on reverse side.

DELIVER TO

Page of Pages

THIS DATE

I certify that the items indicated hereon are required for use in the public service.

25X1A9a

OFFICE

ACCOUNT NO. CHARGE ALLOTMENT NO.

RESPONSIBLE OFFICER)

(SIGNATURE OF APPROVING OFFICIAL)

RECEIPT (To be completed after delivery of items or service.)

120

I certify that the quantities of items and/or services itemized below have been received in serviceable condition except as otherwise noted.

(DATE)

(SIGNATURE OF RECIPIENT)

ITEM NO.	STOCK NO.	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT
54.		Microscope, Spencer, Monocular (Aloe 85L56021)	1	ea.		
55.		Counting Chamber Set (Levy-Hausser)	2	ea.		
56.		Catheter 14 Fr.	4	ea.		
57.		Catheter 16 Fr.	4	ea.		
58.		Catheter 18 Fr.	4	ea.		
59.		Double Action Bulb (For Evacuating Blood Donor Bottles) (Aloe 85L71940)	12	ea.		
60.		Hemoglobinometer (Haden-Hausser) (Aloe 85L11610)	2	ea.		
61.		Refrigerator, 4 Cu. Ft.	1	ea.		
62.		Tetanus Toxoid, 7.5cc.	40	vial		
63.		Tetanus Antitoxin, 1500 units	30	ea.		
64.		Typhoid Paratyphoid, 15cc.	40	ea.		
65.		Smallpox Vaccine, 10 per box	20	box		
66.		Gas Gangrene Antitoxin	20	ea.		
67.		Rochester Pressure Autoclaves (Aloe 85P-6666)	1	ea.		

FOR SERVICES USE ONLY

REQUISITION NO. REQUISITION DATE OFFICE REQUISITIONED BY

TOTAL

FILLED BY CHECKED BY DEL. BY

SHIPPED BY

☐ FREIGHT ☐ MAIL  
☐ EXPRESS ☐ PARCEL POST

GOVERNMENT B/L NO.

SERVICES AUDIT

DATE BY

## INSTRUCTIONS

Complete this form with type-written copy. The number of copies required and the addresses for various types of requisitions are contained in Administrative Instruction No. 40-1.

## FOR SERVICES USE ONLY

REMARKS:

ITEM NO.	PROGRESS			STOCK	VENDOR	PROC. DOC. NO.	DUE DATE	FOLLOW-UP						DATE RECEIVED
	1	2	3					1	2	3	4	5	6	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														



## INSTRUCTIONS

Complete this form with typewriter only. The number of copies required and the addresses for various types of requisitions are contained in Administrative Instruction No. 40-1.

## FOR SERVICES USE ONLY

REMARKS:

ITEM NO.	PROGRESS			STOCK	VENDOR	PROC. DOC. NO.	DUE DATE	FOLLOW-UP						DATE RECEIVED
	1	2	3					1	2	3	4	5	6	
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														